

P150000 28812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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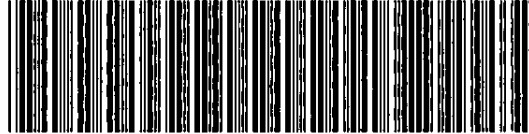
(Business Entity Name)

(Document Number)

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CLERK OF COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2-3-15-18

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ANNETTE SCHULTZ LAW GROUP, PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Annette Schultz
Name (Printed or typed)

Unit 1720
Address

Maitland, FL 32751
City, State & Zip

407-687-9852
Daytime Telephone number

annettemarie19@aol.com
E-mail address. (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ANNETTE SCHULTZ LAW GROUP, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

37 North Orange Ave #917
Orlando, FL 32801

Mailing address, if different is:

Unit 1720
Maitland, FL
32751

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

all lawful purpose (a law office)
a professional corporation

ARTICLE IV SHARES

The number of shares of stock is: 18,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Annette Schultz
Address: 37 North Orange Ave # 917
Orlando, FL 32801

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is

Name: Annette Schultz
Address: 37 North Orange Ave # 917
Orlando, FL 32801

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Annette Schultz
Required Signature/Registered Agent

3/24/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Annette Schultz
Required Signature/Incorporator

3/24/15
Date